

### HIGH PRESSURE BOILER

COMPLETE FOLLOWING IF FACILITY USES A HIGH PRESSURE BOILER

1. PERCENTAGE OF BOILER USED BY NURSING HOME.

Allocate the high pressure boiler service between the nursing home area and non-nursing home or other revenue generating building areas which are serviced by the boiler. Use building square feet as the allocation basis or describe any other basis which is used.

	Square Feet	Percent To Total
Nursing Home Area		%
Other Areas (Describe)		%
		%
		%
		%
Total		100 %

2. Describe how the high pressure boiler is monitored?

3. Does local ordinance require monitoring by persons?

Yes No

4. Estimated hours per month of staff time devoted to monitoring the high pressure boiler?

Hours per month

5. High pressure boiler license numbers.

# #

### WATER AND SEWER PLANT

COMPLETE THE FOLLOWING IF THE FACILITY OPERATES A WATER AND SEWER PLANT

1. PERCENTAGE OF WATER AND SEWER PLANT USED BY NURSING HOME.

Allocate the water and sewer plant services between the nursing home and non-nursing home or other revenue generating activities which are serviced by the plant. Describe the allocation basis used such as square feet or patient days or another basis.

	Allocation Basis	Percent To Total
Nursing Home .....		%
Other Activities (Describe)		%
		%
		%
		%
Total		100 %

2. Describe how water is acquired?

3. Describe type of sewage waste treatment system.

Facultative ponds  
Aerated lagoons  
Primary settling with anaerobic digester  
Primary settling with trickling filter  
Other (describe)

4. Describe how sludge is disposed.

Landfill  
On land disposal  
Incineration  
Oxidization  
Other (describe)

5. Describe additional (or tertiary) treatment of system's waste or water, if any.

6. Does facility submit periodic reports to the Department of Natural Resources on its water and sewer plant operation?

Yes No

8. Does facility have a licensed sewage plant operator?

Yes No

7. Estimated hours per month of staff time devoted to water and sewer plant operation and maintenance.

Hours per month

HCFA-179 # 84-0142

Date Rec'd 10/1/84

Date Appr. 3/25/85

Date Eff. 7/1/84

Supercedes

State Rep. In.

-- Schedule 50A --  
PERCENTAGE OF OWNERSHIP

# \_\_\_\_\_

List all individuals or entities that own 20% or more of the nursing home operation.

<u>Name of Individual or Entity</u>	<u>Percentage of Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HCFA-179 # 84-1142 Date Rec'd 10/1/84  
 Supercedes 3/26/85 Date Appr. 3/26/85  
 State Rep. In. 7/1/84 Date Eff. 7/1/84

-- Schedule 50B --  
INTEREST IN OTHER TITLE XIX PROVIDERS

If the nursing home organization, or any of its owners, administrators or officers (or any of their immediate family) were a provider or had an interest in any provider for the Wisconsin Title XIX program, then list the provider and explain the nature of the interest below. Report such interests that existed during the cost report period and/or existed to the date of submission of the report to the Department. Include any other Wisconsin Title XIX nursing home providers. Attach sheets if needed.

<u>Name and City Of Title XIX Provider</u>	<u>Type of Medical Service Provided</u>	<u>Explain Extent and Nature Of Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL SUPPLY CHARGES TO MEDICARE

Facilities may be charging the Medicare (Title XVIII) program for some medical supplies provided to Medicare covered patients. Such facilities should complete this schedule to the extent possible. The Department of Health and Social Services accepts such a practice for Title XIX patients who are also covered by Medicare.

Identify below those revenues realized from such charges for Medicare covered medical supplies. Include collections from the Medicare program, coinsurance collections from patients and coinsurance collections from the Title XIX (Medicaid) program and other third party payors. These revenues should be included in medical supply revenues on Schedule 14.

1. Does the facility charge Medicare for some medical supplies provided to Medicare covered patients?

Yes No

2. Medical supplies are charged to Medicare for the following types of patients. Check one or more.

Private Pay Patients  
Title XIX (Medicaid) Patients  
Other Patients

3. Total revenues from all sources for medical supplies charged to Medicare.

\$

4. Cost related to above medical supply charges to Medicare, if cost is available.

\$

OFFICIAL

-- Schedule 52 --  
ANCILLARY CHARGING PRACTICES

1. Pharmacy Services

- a. Does the facility operate a pharmacy? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. In 1984 did the facility's pharmacy separately bill the Title XIX program for drugs? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Can the facility's pharmacy purchase drugs through the State of Wisconsin drug contract? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the facility charge private pay residents for personal laundry services (excluding dry cleaning services)? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Which of the following ancillary materials and services are charged separately by the facility (a) to private pay residents, and (b) itemized on Title XIX claims?

	Charged separately to private pay residents? (Check one column)			Itemized separately on Title XIX claims? (Check one column)		
	Yes	No	Not Provided	Yes	No	Not Provided
Transportation for medical treatment...	_____	_____	_____	_____	_____	_____
Intravenous sets and solutions.....	_____	_____	_____	_____	_____	_____
Catheter sets and foleys and components	_____	_____	_____	_____	_____	_____
Bladder irrigation sets and components.	_____	_____	_____	_____	_____	_____
Oxygen.....	_____	_____	_____	_____	_____	_____
Underpads and diapers.....	_____	_____	_____	_____	_____	_____
Other disposable medical supplies.....	_____	_____	_____	_____	_____	_____

4. Which of the following medical services are charged separately either by the facility or by independent providers (a) to private pay residents, and (b) to the Title XIX program?

	How Provided? (Check)			Charged separately to private pay? (Check one column)		Charged separately to Title XIX program? (Check one column)	
	Providers	Outside Staff	Not Provided	Yes	No	Yes	No
Laboratory.....	_____	_____	_____	_____	_____	_____	_____
Radiology.....	_____	_____	_____	_____	_____	_____	_____
Over-The-Counter Drugs.....	_____	_____	_____	_____	_____	_____	_____
Legend Prescription Drugs...	_____	_____	_____	_____	_____	_____	_____
Physical Therapy.....	_____	_____	_____	_____	_____	_____	_____
Speech/Hearing Therapy.....	_____	_____	_____	_____	_____	_____	_____
Occupational Therapy.....	_____	_____	_____	_____	_____	_____	_____
Dental Care.....	_____	_____	_____	_____	_____	_____	_____
Physician Care.....	_____	_____	_____	_____	_____	_____	_____
Psychotherapy.....	_____	_____	_____	_____	_____	_____	_____
Chiropractic Care.....	_____	_____	_____	_____	_____	_____	_____
Podiatry Care.....	_____	_____	_____	_____	_____	_____	_____
Respiratory Care.....	_____	_____	_____	_____	_____	_____	_____
Equipment Rental.....	_____	_____	_____	_____	_____	_____	_____

5. Below or on back, briefly describe other separate charges made to private pay residents for material or services not listed above.

HCFA-179 # 84-0142

Date Rec'd 10/1/84

Date Appr. 3/26/85

Date Eff. 7/1/84

Supersedes

State Rep. In.